

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | T-G | 32 | 9/6/01 |
| O.I.P.E. CLASSIFIER | Ju | 1019 | 9/12 |
| FORMALITY REVIEW | | | 10-03-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

Rejected N
 Allowed I
 (Through numeral) Canceled A
 Restricted O

Non-elected
 Interference
 Appeal
 Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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574
10/12/01